

MIDWEST AREA
STANDARD OPERATING PROCEDURES
MANUAL

HUMAN RESOURCES

Created by:
Program Administrative Support Task Group
Updated July 2003

PERSONNEL

Awards

General information

Assigning Case Numbers

The full 11-digit Award Case Number consists of the following:

Positions 1-4, Agency Code = 03 36

Position 5, Fiscal Year Award Effective = 01 (= 2001)

Position 6, "I" for Individual Award or "G" for Group Award

Position 7-11, Sequential Case Number from the list assigned by Deb Agee

Who is Approving Official?

Area Director must approve Employee Suggestion, Extra Effort Award, Performance Bonus Award, Spot Awards, and Quality Step Increase. Time Off Awards up to 10 hours may be approved by Research Leaders, Center Directors, and Location Administrative Officer AS LONG AS THE RECOMMENDING INDIVIDUAL AND APPROVING OFFICIAL ARE DIFFERENT PEOPLE.

CHECK WITH YOUR LOCATION ADMINISTRATIVE OFFICER (LAO) FOR PROCESSING COMPLETED AWARD FORMS.

Key to Award Amounts

1. Extra Effort Award

Apply the Contribution in Block 11 of the AD-287-2 Award form to the Scale on page 12 of the Guide for Employee Recognition, and itemized in Block 15, and the result is the Award Amount in Block 14.

However, if the Contribution in Block 11 can be measured in terms of time saved, money saved, or expenditures avoided, use the Scale on page 11 of the Guide to determine the Award Amount in Block 14. The contribution (and justification, if necessary) must support the applicable Benefits Scale and the Award Amount.

2. Spot Award

Apply the Contribution in Block 11 of the Award Form to the Scale on page 12 of the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution must support the Benefits Scale and Award Amount.

3. Time-Off Award

Apply the Contribution in Block 11 of the Award Form to the Scale on Page 10 of the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution (and justification, if necessary) must support the Time-Off Scale and number of Time-Off Hours.

4. Performance Bonus Award

Apply the Contribution in Block 11 of the Award Form to the Scale on page 12 of the Guide, and the result is the Award Amount in Block 19. The Contribution (and justification, if necessary) must support the Benefits Scale and Award Amount.

Justification Statements

Justification Statements are required in addition to completing Block 11 of the Award form:

1. For any monetary award amount
2. If giving over 10 Time-Off hours
3. A separate Performance Appraisal narrative explaining how the employee met the Elements can also be used as the Justification Statement.
4. Appendix C of the Guide for Employee Recognition provides a justification outline that may be helpful.

Award Limitations

1. Spot Award--Range from \$50 to \$500. No employee may receive a spot award for more than \$500 per award but there is no limit on the number of awards received per year.
2. Time-Off Award--Employee may be granted a maximum of 40 hours of time off for a SINGLE contribution. Employee may be granted a TOTAL of 80 hours of time off during a LEAVE YEAR. The leave must be used within 1 year after the effective date of the award. Award is effective on the first pay period following approval. After the 1-year period, any unused time off is forfeited.
3. Performance Bonus Award--Employee must receive a Performance Appraisal Summary of Fully Successful or higher. Award amount cannot exceed 10% of an employee's annual salary. Employee can receive only one Performance Bonus Award per Performance Appraisal Cycle.
4. Quality Step Increase--Employee must receive Outstanding Performance Appraisal Summary Rating. An employee is not eligible for a QSI if appointed or promoted within the past year. A minimum of 52 weeks must elapse between QSIs.

Helpful References:

- USDA Guide for Employee Recognition
- Directive 418.3, ARS Performance Management and Recognition System

Performance Evaluation Process Summary Spring Cycle

1. The electronic AD-435P can be downloaded from www.afm.ars.usda.gov/divisions/hrd/hrdhomepage/wpforms.htm
2. Employees are to prepare documentation (limit of three pages, 12 pt, Times New Roman font, 1 inch margins) of last year's accomplishments. List the element with "bullet" statements to document accomplishments.
3. Supervisors are to "annotate" the document that the employees prepared to indicate their evaluation of the accomplishments, either within the document or as a separate page. The Supervisor's documentation should not exceed one page for a total of four pages.
4. The Supervisor will complete the draft electronic AD-435P using the documentation in step 3 in support of the proposed rating.
5. The Supervisor will submit the electronic AD-435P and the written documentation by e-mail to Lisa Gettinger (lgettinger@mwa.ars.usda.gov) **by date set by Area.**
6. Employees that report directly to the Area Director are to complete the document identified in step two above and submit by e-mail to lgettinger@mwa.ars.usda.gov **by date set by Area.**
7. The Area Director as the Reviewing/Rating Official will review the material provided and after consultation with the supervisor, if necessary, sign and date the AD-435P and e-mail the Supervisor concurrence **date set by Area.**
8. The Supervisor will complete the evaluation process in discussions with the employees.
9. The Supervisor will return the following **to the LAO**: Completed and signed (hardcopy) AD-435P with justification or performance accomplishments for outstanding rating, copy of Performance Standards, Award Forms with justification, and a copy of the new Performance Standards signed by the employee and supervisor. (Please follow the detailed instructions in MWA Awards Policy for submission of award documentation.)
10. The LAO will consolidate the material and forward to Deb Agee in the Area Office by **date set by Area.**
11. The Area Director will sign the AD-435P using the date the draft was signed. The Award Forms and the new Performance Standards will be signed with the current date.
12. The Area Office will forward the AD-435P and Award Forms to HRD for processing and return the signed Performance Standards to the LAO's.
13. All new Performance Standards must be signed by Employee, Rater, and Reviewer by **date set by Area** in order to be considered in place for the full appraisal cycle.

Value of Benefit	Application	Application	Application
	Limited: Impacts the public interest, or a specific small work (MU) unit to as large as a division or region (MWA)	Broad: Impacts the public interest, or several regional areas or an entire agency	General: Impacts the public interest or more than one agency (ARS) or the entire Department
Small/Moderate	\$50-\$325	\$325-\$650	\$650-\$1300
Moderate or Substantial	\$325-\$650	\$650-\$1300	\$1300-\$3150
Substantial or Extended	\$1000-\$2500	\$2500-\$5500	\$5500-\$10,000

Awards must have a copy of the AD-435 and supporting documentation, i.e., specifics of what was accomplished for monetary awards in excess. (See page 14, paragraph 1) A justification must accompany any rating of Outstanding.

Source: USDA Guide for Employee Recognition (Blue Book)

U.S. DEPARTMENT OF AGRICULTURE

RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

03360111234

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, John B.	5. PAY PLAN-SERIES/GRADE/STEP GS-1311/08/02
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE PHYS SCI TECHNCN	8. ACCOUNTING CODE 3013645176
6. ORGANIZATION AND LOCATION USDA-ARS-MWA, Morris, MN	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 3/3/2003 To: 4/9/2003	
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →	(ADDRESS)	

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

QSI 05/03/02

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)
EMPLOYEE IS BEING RECOGNIZED FOR:

Modifying the Thing-A-Ma-Jig Equipment to Increase Productivity in the Such-and-Such Laboratory by 150%.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *	<input type="checkbox"/> EXTRA EFFORT AWARD *	<input checked="" type="checkbox"/> SPOT AWARD	<input type="checkbox"/> TIME OFF AWARD **
	<input type="checkbox"/> KEEPSAKE AWARD	<input type="checkbox"/> GAINSHARING AWARD		
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.			
	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) \$500.00	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ Substantial
				VALUE OF BENEFITS Limited
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input type="checkbox"/> PERFORMANCE BONUS AWARD *	<input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.		
	* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.			
	17. DATE OF LAST PROMOTION (Get these dates from LAO if needed)	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature) TITLE: Soil Scientist	DATE 4/11/2003	21. REVIEWING OFFICIAL (Signature) TITLE: Research Leader	DATE 4/11/2003
22. APPROVING OFFICIAL (Signature & Title) Center Director			DATE 4/11/2003

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	25. TO: (Grade & Step) 26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
29. PERSONNEL OFFICIAL (Signature & Title)		DATE PROCESSED		

I certify that the proposed action is in compliance with statutory and regulatory requirements

*U.S. GPO: 1977-516-741/85276

This form was electronically produced by Elite and modified by USDA/ARS/ITO using inForms software.

Form AD-287-2 (7/94)

U.S. DEPARTMENT OF AGRICULTURE

RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

03360111234

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY DA-ARS SIAL SECURITY NO. 123-45-6789		2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane L.		5. PAY PLAN-SERIES/GRADE/STEP GS-0326/04/03	
6. ORGANIZATION AND LOCATION USDA-ARS-MWA, Morris, MN		4. POSITION TITLE Office Automation Clerk		8. ACCOUNTING CODE 2013645176	
7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 9/10/2002 To: 9/15/2003		3. (ADDRESS)			
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →					

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

Performance Award \$850.00, 06/14/2002

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)

EMPLOYEE IS BEING RECOGNIZED FOR:

Reorganizing the Library and Cataloging the Books into a Computer System

COMPLETE THE APPROPRIATE AWARD SECTION

E EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)					
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> EXTRA EFFORT AWARD * <input type="checkbox"/> SPOT AWARD <input checked="" type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER * <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD <p>* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.</p>					
E EFFORT AWARD	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) 10 hours	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ Small Moderate		
	16. TYPE OF RECOGNITION RECOMMENDED (check one) <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * <p>Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.</p> <p>* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.</p>					
P PERFORMANCE BONUS AWARD	17. DATE OF LAST PROMOTION (Get these dates from LAO if needed)		18. DATE OF LAST WITHIN GRADE INCREASE		19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature) TITLE: Secretary OA		DATE 9/20/2002	21. REVIEWING OFFICIAL (Signature) TITLE: Research Leader		DATE 9/20/2002
22. APPROVING OFFICIAL (Signature & Title) Center Director					DATE 9/20/2002

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
29. PERSONNEL OFFICIAL (Signature & Title)		DATE PROCESSED			

I certify that the proposed action is in compliance with statutory and regulatory requirements

U.S. GPO: 1977-516-741/85276

This form was electronically produced by Elite and modified by USDA/ARS/ITD using InForms software.

Form AD-287-2 (7/94)

U.S. DEPARTMENT OF AGRICULTURE

RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

03360111234

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane L.	5. PAY PLAN-SERIES/GRADE/STEP GS-0326/04/03
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE Office Automation Clerk	8. ACCOUNTING CODE 3013645176
6. ORGANIZATION AND LOCATION USDA-ARS-MWA, Morris, MN	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 04/02/2002 To: 03/31/2003	
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →	(ADDRESS)	

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

Performance Award \$850.00, 04/01/00

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)

EMPLOYEE IS BEING RECOGNIZED FOR:

For outstanding service to the North Central Soil Conservation Research Laboratory

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *	<input type="checkbox"/> EXTRA EFFORT AWARD *	<input type="checkbox"/> SPOT AWARD	<input type="checkbox"/> TIME OFF AWARD **
	<input type="checkbox"/> KEEPSAKE AWARD	<input type="checkbox"/> GAINSHARING AWARD		
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.			
	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) \$1,000	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ VALUE OF BENEFITS Substantial
				APPLICATION Limited
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input checked="" type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.			
	* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.			
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature) TITLE: Secretary OA	DATE 05/02/2003	21. REVIEWING OFFICIAL (Signature) TITLE: Research Leader	DATE 05/02/2003
22. APPROVING OFFICIAL (Signature & Title) Center Director			DATE 05/02/2003

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
29. PERSONNEL OFFICIAL (Signature & Title)						DATE PROCESSED

I certify that the proposed action is in compliance with statutory and regulatory requirements

*U.S. GPO: 1977-516-741/85276

Form AD-287-2 (7/94)

This form was electronically produced by Elite and modified by USDA/ARS/ITD using InForms software.

FOR ALL SIGNIFICANT OUTSIDE AWARDS RECEIVED BY ARS EMPLOYEES

ARS Awards Newsletter Information Form

1) Area:

2) Date Submitted:

3) Person or group receiving recognition (*NOTE: Please spell out first and/or middle names unless initials are specifically preferred. If person is retired or no longer with ARS, so indicate. For groups, identify leader if appropriate*):

4) Position and/or job title:

5) Office or laboratory and/or research unit:

6) Location:

Phone:

7) Award, honor, or distinction (*NOTE: Complete separate form for each award to be mentioned*):

8) Organization making award:

9) Is award being shared with others? If so, co-recipient(s) to be mentioned (*NOTE: Include agency, company, or university affiliation for each co-recipient*):

10) Reason for recognition (*NOTE: Please be as specific and concise as possible*):

11) Date and/or location of presentation:

12) Other information:

Forward to:

Jan Suszkiw, Awards Writer

ARS Information Staff

5601 Sunnyside Ave., Bldg. 1, Mailstop 5129

Beltsville, MD 20705

Phone (301) 504-1630/ Fax (301) 504-1641/ Email: jsuszkiw@ars.usda.gov

Dated: Sept. 2000

Forward to AD Office through Center Director or RL

Individual Development Plans

Within two weeks of the performance appraisal discussion session, an IDP must be prepared for all permanent employees. The following are a couple of IDP tips to remember:

A new IDP does not have to be prepared each year; the current IDP may be merely updated instead.

IDPs are not limited to only formal and on-the-job training. IDPs should also include such self-development activities as:

Reading material related to the work of the position. Self-directed learning such as watching videos, reading books, listening to cassettes, etc. that are related to the employees performance.

INDIVIDUAL DEVELOPMENT PLAN			
<u>1. EMPLOYEE'S NAME (Last, first, initial)</u> Wilson-Voss, Lori L.		<u>4. DESCRIPTION OF WORK ASSIGNMENTS</u> <u>A. Current Performance Elements Identified for Development/Training</u> Computer operations and telecommunications Resource management plan/budget Supervises employees in an unbiased work place and fosters teamwork	
<u>2. CURRENT POSITION TITLE</u> Supervisory Program Assistant		<u>B. Projected/Potential Assignments</u> Monitors NCRPIS expenditures accurately Prepares manuscripts, correspondence, etc. accurately and promptly	
<u>3. ORGANIZATIONAL NAME AND LOCATION</u> USDA-ARS Plant Introduction Station Iowa State University Ames, IA 50011			
<u>5. Performance Related Knowledge, Skills, and Abilities</u> Knowledge of computer spreadsheets. Knowledge of computer operations. Improve supervisory skills		<u>6. Development Work Experiences (On-the-job assignments, Self development)</u> Read and study manuals for Excel. Practice by completing exercises and tutorials in manuals and workbooks. Use up-to-date versions of software. Develop a better understanding of computer operations through working with other staff members and agency personnel. Read and study "The Seven Habits of Highly Effective People".	
		<u>7. Formal Training (Courses, Seminars)</u> Utilize on-line computer courses. Attend training of RTS at NADC. Attend related short courses at ISU.	
<u>8. The supervisor and employee have completed the IDP process and have determined that no training or development needs are indicated at this time.</u>		<u>9. SIGNATURE and DATE</u>	
		<u>EMPLOYEE</u>	<u>SUPERVISOR</u>
		<u>APPROVING OFFICIAL</u>	

Form AD-435, Performance Appraisal Form, is used for ARS permanent employees and those appointed initially for longer than one year require an annual performance review. To be rated an employee must have been in his/her position and under performance standards for 90 days or more. Technicians (Categories 5 and 7), Wage Grade (Category 8), Student Temporary Employment Program (STEP) and Student Career Experience Program (SCEP), and Clerical/Secretarial (Category 9) are rated from April 1-March 31 each year. Research Scientists (Category 1), Support Scientists (Category 3), Service Scientists (Category 4), Research Associates/Affiliates (Category 2), and Specialists (Managerial, Advisory, or Administrative) (Category 6) are rated January 1-December 31 each year. A very complete Midwest Area Timetable for Completion of Appraisals is sent out from the Area Office each appraisal cycle. This timetable lists the various deadlines involved with completion of the AD-435 forms and any award forms needed in conjunction with Performance ratings (Fully Successful, Superior and Outstanding).

Performance Evaluation Process Summary

- I. The electronic AD-435 can be downloaded from www.afm.ars.usda.gov/divisions/hrd/hrdhomepage/wpforms.htm
- II. Employees are to prepare documentation (limit of three pages, 12 pt, Times New Roman font, 1 inch margins) of last year's accomplishments. List the element with "bullet" statements to document accomplishments.
- III. Supervisors are to "annotate" the document that the employees prepared, to indicate their evaluation of the accomplishments, either within the document or as a separate page. The Supervisor's documentation should not exceed one page for a total of four pages.
- IV. The Supervisor will then complete the draft electronic AD-435 using the documentation in step 3 and if a scientist, include the ARS-115 Detail by Author Report from ARIS.
- V. The Supervisor will submit the electronic AD-435 and the documentation to the Area Office by e-mail to Lisa Gettinger (lgettinger@mwa.ars.usda.gov) by the date indicated from the Area Office.
- VI. Research Leaders/Non-SES Center Directors that report directly to the Area Director are to complete the document identified in step two above and an electronic AD-435 with the elements listed to the Area Office by e-mail to lgettinger@mwa.ars.usda.gov by the date indicated from the Area Office.
- VII. The Area Director as the Reviewing/Rating Official will review the material provided and after consultation with the supervisor, if necessary, sign and date the AD-435 and will e-mail the Supervisor their concurrence by the date indicated from the Area Office.
- VIII. The Supervisor will complete the evaluation process in discussions with the employees.
- IX. The Supervisor will return the following to the LAO: Completed and signed (hardcopy) AD-435, copy of Standards along with performance documentation, Award Forms if appropriate, and a copy of the new Performance Standards signed by the employee and supervisor.
- X. The LAO will consolidate the material and forward to Deb Agee in the Area Office by the date indicated from the Area Office.
- XI. The Area Director will sign the AD-435 using the date that the draft was signed. The Award Forms and the new Performance Standards will be signed with the current date.
- XII. The Area Office will forward the AD-435 and Award Forms to HRD for processing and return the signed Performance Standards to the LAO's.

Completion of Performance Appraisal Forms (AD-435P)

- A. Performance Appraisal form (AD-435P) can be downloaded (save as Word Perfect or Word) from the following web site address:
www.ars.usda.gov/afm2/divisions/hrd/hrdhomepage/wpforms.htm
- B. The employee listing will identify those employees who require ratings this cycle and will provide the employee information necessary to complete the upper section of each AD-435P. The numbers next to the headings on the employee listing correspond to the blocks on the blank AD-435P that need to be completed. Type 03-4860 in block 13 of the AD-435. Once the form is completed and printed, each individual AD-435P should be saved to disk and retained for use in future performance cycles. The disk will contain sensitive information, please keep the disk in a secure place and/or password protect the documents in your system.
- C. After the rating and reviewing official have signed the AD-435P, the performance discussion has taken place and the employee has signed their AD-435P, a copy needs to

be made for the employee and a copy should be retained in the supervisor's records.

United States Department of Agriculture Performance Appraisal		1 Social Security No.	2 Position Number	3 Pay Plan	4 Occup.Series
		123456789	000WXXXX	GS	0404
5 Name (Last, First, Middle Initial) SINATRA, NANCY		6 Grade/Step or Pay Level 02/01		7 Appraisal Period From: 04/01/2003 To: 03/31/2003	
8 Official Position Title BIOCL SCI AID		9 Organization Structure Code 03 30 36 3625 12 00 00 00			
10 Duty Station 03 30 36 3625 12 00 00 00	11 Funding Unit	12 Agency Use		13 NFC Use	
<p><u>Instructions</u></p> <p>Blocks 1 through 10, completed by NFC, should be reviewed and, If necessary, corrected.</p> <p>Block 11. Enter funding unit number.</p> <p>Block 14. Enter brief description of performance elements.</p> <p>Block 15A. Check performance elements identified as critical.</p> <p>Blocks 15B, 15C, 15D. Rate actual performance by entering 2 for critical elements and 1 for non-critical elements in appropriate column.</p> <p>Blocks 15E, 15F, 15G. Enter total of each column.</p> <p>Block 15H. Enter total from 15E, 15F, and 15G.</p> <p>Block 16A. Check off the correct summary rating described in decision table (16B).</p> <p>Blocks 17 through 22. Self-explanatory.</p>					
14 Performance Elements		15A Critical Element (/)	15B Exceeds Fully Successful	15C Meets Fully Successful	15D Does Not Meet Fully Successful
1) ASSISTS WITH FIELD AND LAB WORK		X			
2) MONITORS SUPPLIES					
COOPERATIVE INTERACTION WITH CURATORS AND OTHER 3) STAFF/TEAMWORK		X			
4) SUPPORTS AND PARTICIPATES IN SAFETY, EMPLOYEE HEALTH AND ENVIRONMENTAL PROTECTION PROGRAMS		X			
5)					
6)					
7)					
8)					
9)					
10)					
16B <u>Decision Table (check off Summary Rating in block 16A)</u> Rating of Outstanding if 15E equals 15H.. Rating of Unacceptable if any critical element is rated in 15D. Rating of Superior if no element is rated in 15D; 15F is greater than zero; and 15E is greater than 15F. Rating of Marginal if 15G is greater than 15E, and no critical element is rated 15D. Rating of Fully Successful if none of the above apply.			15E Exceeds	15F Meets	15G Does Not Meet
			15H Enter Total (15E + 15F + 15G = 15H) 15H		
			16A Summary Rating (See Decision Table in 16B) <input type="checkbox"/> Outstanding <input type="checkbox"/> Superior <input type="checkbox"/> Fully Successful <input type="checkbox"/> Marginal <input type="checkbox"/> Unacceptable		
17 Employee - <u>Standards of Conduct and Ethical Responsibilities</u> (Check off appropriate boxes) a I have a copy of the Government wide standards of ethical conduct and any USDA and agency supplemental regulations governing conduct <input type="checkbox"/> YES <input type="checkbox"/> NO b I attended the required annual ethics training. <input type="checkbox"/> YES <input type="checkbox"/> NO					
18 Employee's signature Date If employee did not sign, state reason. (Instructions for resolutions of disputes are on Page 2)					
19 Supervisor's Signature Date		20 Reviewer's Signature Date			
21 Approving Official's or Funding Unit Manager's Signature (optional) Date					

DETAIL BY AUTHOR REPORTS

The following instructions are to be used by the MU Secretary to develop the Detail by Author Report, which will be used at appraisal time for Cat 1,2, 3, 4. A copy of the Detail by Author Report is to be attached to all Performance Appraisal forms of Category 1, 2, 3, and 4 scientists.

The following ARS instructions begin from the Main Menu:

1. Research Documentation
2. Reports
3. 115 Author Reports
4. Insert approval dates (e.g.: 01/01/2002:12/31/2002) and author's last name.
5. Click on Query
6. When list is created, click on Action.
7. Mark all records then click on Reports.
8. Select Detail by Author

Performance Standards

CHECKLIST FOR PREPARING PERFORMANCE STANDARDS

Performance plans should be developed for each employee within 30 days of the beginning of the appraisal period or within 30 days of hire. The following are some reminders for establishing a performance plan.

1. Check the employee's position description for accuracy; the major duties in the position description should be included in the performance plan as critical elements. Accomplishment of organizational objectives and goals can be included in Performance Plans.
2. Employee participation in developing the plan is desirable. However, the rating and reviewing officials have the final responsibility for establishing the performance plan.
3. There must be at least three, but no more than ten, elements.
4. At least one element must be critical, and at least one element must be noncritical.
5. Standards should be as objective as possible.
6. Each employee whose position is classified as a supervisor, with supervisory in their title, must have a separate performance element(s) that addresses EO/CR. (Positions classified as supervisor usually include the term Supervisory, Supervisor, Manager, Officer, or Administrator in the title.)
7. All nonsupervisory employees' performance plans must include (in at least one of the critical elements) the responsibility for demonstrating a commitment to EO/CR. Remember, nonsupervisory employees also include those individuals who have limited supervisory responsibilities (such as, supervision of one technician or student, team leaders, etc.).
8. All employees with health, safety, environmental protection, and/or energy management responsibilities should have an element and standard in their performance plan that address these responsibilities.
9. The performance plan must be signed by the employee, the supervisor, and the reviewing official (normally, the second-line supervisor). The employee should then receive a copy of the approved plan.

REMINDER!

There must be at least one documented progress review during the appraisal period. The documentation can be a note on the performance plan that the discussion took place and the date of the discussion initialed by employee and supervisor.

Request for Personnel Action--SF-52

Request for Personnel Action (SF-52) is required for any recruits, new hire, work schedule changes, termination, retirement, promotion, or reclassification. If the action is included in the ARMPs, the supervisor signs Block 5 (action requested) and the RL signs Block 6 (Action authorized). If the action is not included in the ARMPs, then the supervisor and RL both sign in Block 5 and the AD signs Block 6. Everyone in the supervisory chain should sign SF-52s.

For additional guidance on preparing SF-52s refer to <http://www.afm.ars.usda.gov/divisions/hrd/hrdhomepage/index.htm> From the home page click on "Topical Index". From the Topical Index page you need to click on "P" for Preparing SF-52s which takes you to a list where you click on "Preparing Requests for Personnel Actions." This page has several options you can choose from to get the instructions needed. Also on this page is "Glossary of Terms and Supplemental Information" which is an excellent reference tool.

ANNUAL LEAVE AND CREDIT LEAVE REMINDERS WHEN LEAVING

Annual Leave - Employees can't use annual leave on their last working day with the Federal government. The Lump Sum Annual Leave Act of 1954 prohibits the use of annual leave on the last day of work when it is known that the employee is separating from the Federal government. However, an employee can use compensatory time, credit hours, or sick leave and not violate the law.

Credit Leave - Employees should be encouraged to use all credit time before separating from the Federal government. Because credit time must be paid via a manual payroll/personnel system rather than a computerized payroll/personnel system, the National Finance Center bills ARS \$50.00 each time a separating employee must be paid for credit time. Even if only 15 minutes of credit time must be paid, ARS is billed \$50.00. (These charges are paid from a central fund-not the specific management unit.) Therefore, especially if the employee doesn't have many hours of credit time accumulated at the time of separation, it would be very beneficial if they would consider using them before separating.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested PROMOTION (SEE PART D)		2. Request Number Get # from LAO	
3. For Additional Information Call (Name and Telephone Number) Supervisor Name and Number		4. Proposed Effective Date Insert Date Here	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Research Leader Name, Title, and Date of Signature		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
--------------------------------------	----------------------------------	-------------------------	--------------------------

FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number Title of Posn Posn Number					
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay		20A. Basic Pay		20B. Locality Pay	20C. Adj. Basic Pay	20D. Other Pay	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization AGRICULTURAL RESEARCH SERVICE FIELD ORGANIZATION (INSERT YOUR NUMBER HERE) MIDWEST AREA (PEORIA, IL) NAME OF YOUR UNIT HERE CITY, STATE					

EMPLOYEE DATA											
23. Veterans Preference 1 - None 3 - 10-Point Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 0-None 2-Conditional 1-Permanent 3-Indefinite		25. Agency Use		26. Veterans Preference for RIF. YES NO	
27. FEGLI						28. Applicant Indicator		29. Pay Rate Determinant		30. Retirement Plan	
31. Service Comp. Date (Leave)						32. Work Schedule		33. Part Time Hours Per Biweekly Pay Period		34. Position Occupied	

POSITION DATA											
34. Position Occupied 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved						35. FLSA Category E-Exempt N-Nonexempt		36. Appropriation Code		37. Bargaining Unit Status	

38. Duty Station Code						39. Duty Station (City - County - State or Overseas Location) CITY - COUNTY - STATE							
40. Agency Data		41.	42.	43.	44.	45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C--Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE SIDE

Editions Prior to 7/91 are not usable after 6/30/93.

PART D--Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

(If "Yes", please state these facts on a separate sheet and attach to SF 52.)

☐

YES

NO

Remarks regarding promotion should be inserted here.

PART E--Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (*Number, Street, City, State, ZIP Code*)

PART F--Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested RESIGNATION	2. Request Number Get # from LAO
3. For Additional Information Call (Name and Telephone Number) Supervisor Name and Number	4. Proposed Effective Date Last day of employment
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Research Leader Name, Title, and Date of Signature	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date								
FIRST ACTION		SECOND ACTION									
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action								
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number Title of Posn Posn Number		15. TO: Position Title and Number									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Pay	20C. Adj. Basic Pay	20D. Other Pay				
14. Name and Location of Position's Organization AGRICULTURAL RESEARCH SERVICE FIELD ORGANIZATION (INSERT YOUR NUMBER HERE) MIDWEST AREA (PEORIA, IL) NAME OF YOUR UNIT HERE CITY, STATE						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0-None 1-Permanent 2-Conditional 3-Indefinite	25. Agency Use	26. Veterans Preference for RIF. YES NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved	35. FLSA Category E-Exempt N-Nonexempt	36. Appropriation Code	37. Bargaining Unit Status			
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) CITY - COUNTY - STATE					
40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C--Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE SIDE

Editions Prior to 7/91 are not usable after 6/30/93.

PART D--Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

(If "Yes", please state these facts on a separate sheet and attach to SF 50.)

☐

YES

NO

PART E--Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F--Remarks for SF 50

Position Description Cover Sheet -AD-332

A position description cover sheet (Form AD-332) must accompany all position descriptions going forward to Personnel. The supervisory signs Block 19. Type information into Block 21.

If a standardized PD is being used, a copy of the AD-332 accompanying the standardized PD must be used because it has the classification of the description documented in Blocks 11 through 17. Only when nonstandardized Pds are used should "original" AD-332s be used.

REASON FOR THIS POSITION						POSITION DESCRIPTION COVER SHEET	
1. NEW	2. IDENTICAL ADDITION TO THE ESTABLISHED PD NUMBER	3. REPLACES PD NUMBER					
RECOMMENDED							
4. TITLE					5. PAY PLAN	6. SERIES	7. GRADE
8. WORKING TITLE					9. INCUMBENT (<i>Optional</i>)		
OFFICIAL							
10. TITLE							
11. PP	12. SERIES	13. FUNC	14. GRADE	15. DATE	16. I/A		17. CLASSIFIER
GS	404		03	MONTH/DAY/YEAR	YES	NO	MS
				4/22/2002			
18. ORGANIZATIONAL STRUCTURE (<i>Agency/Bureau</i>)							
1st				5th			
2nd				6th			
3rd				7th			
4th				8th			
SUPERVISOR'S CERTIFICATION							
I certify that this is an accurate statement of the major duties and responsibilities of the position and its organizational relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may continue violations of such statute or their implementing regulations.							
19. Supervisor's Signature			20. Date		22. Second Level Supervisor's Signature		23. Date
21. Supervisor's Name and Title				24. Second Level Supervisor's Name and Title			
FACTOR EVALUATION SYSTEM							
FACTOR	25. FLD/BMK	26. POINTS	FACTOR	25. FLD/BMK	26. POINTS		
1. Knowledge Required	FLD 1-3	350	6. Personal Contacts	1			
2. Supervisory Controls	FLD 2-1	25	7. Purpose of Contacts	A	30		
3. Guidelines	FLD 3-1	25	8. Physical Demands	FLD 3-2	20		
4. Complexity	FLD 4-1	25	9. Work Environment	FLD 9-2	20		
5. Scope and Effect	FLD 5-1	25	27. TOTAL POINTS			27. 520	
28. GRADE						28. GS-3	
CLASSIFICATION CERTIFICATION							
I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.							
29. Signature /S/ MARILYN STETKA					30. Date 4/22/2002		
31. Name and Title MARILYN STETKA, HUMAN RESOURCES SPECIALIST (CLASSIFICATION)							
32. Remarks FLSA: N Nonsensitive/low risk FPL: Standard Job #404-03					33. OPM Certification Number		

STAR -ENTERING T & A

LOG ON

Choose FILE

Choose T & A MAINTENANCE

Choose ROLLOVER (Rolling Pin ICON on tool bar - 5th icon from left) Asks DO YOU WANT TO CREATE A NEW PP FOR ALL EMPLOYEES? Answer YES Will then prompt for which PP you want? (May take a minute; when finished will say "Rollover was successful") Click OK If you have any employees that did not rollover (such as intermittent) a screen will show who was not rolled over. Highlight first employee's name for whom you wish to input T&A information.

From tool bar choose BiWeekly (4th icon from right)
At the individual employee screen HIGHLIGHT the PP transactions shown from previous PP
Choose DELETE (buttons in lower right of screen) Asks "Confirm delete" YES

Under "Detail"

Input information from each line of T&A Schedule starting with the transaction code. Then ADD. Continue for each transaction code.

Verify by choosing the icon on tool bar that is 5th from the right (Magic Wand and Top Hat). *This is the same as the old F4 key that updated the entry in PC-Tare.*

Continue adding other T&As by choosing from the tool bar the icon for next name or next social security number.

When all T&As have been entered and verified, Print by choosing the stack of papers icon - 4th from left (If you choose the printer icon all you will get at this screen is a screen print) and going to the employee list where you can highlight who you want to print. At Report Preference select "text" instead of T and A for the type for a easier page layout. It is recommended that after highlighting you choose print selected instead of print all. On your monitor a window will appear with a preview of all the T&As that are formatted for printing. At this time you can double check your entries before printing. Close the door.

Transmit - choose 4th icon from right. Uncheck "USE JCL"; this is only used for actual transmitting to NFC. Highlight who you want to transmit. Make sure your xmit disk is in drive "A:". It is recommended that after highlighting you choose Xmit selected instead of Xmit all. On your monitor a window will appear "Save Transmit File As" choose your "A" drive and save to the file name of XMIT.DAT. If you already have a XMIT.DAT file on the disk you will be asked if you want to append. (This would be for adding additional T&As that need xmitting). Choose no if you are not adding T&As. Close the door. Close doors on all screens until you are back at the main menu to exit.

**Steps to Add new employee to your STAR
(whether just hired or transferred to your timekeeping)**

Log on to STAR

Choose "File"

" "Employee Maintenance or Time and Attendance Maintenance"

This will take you to the employee list.

In tool bar, click on the time sheet with plus sign (2nd symbol from left).

You are now on the employee screen

Enter following information (tab between fields)

Social Security Number; Last name, first name, middle initial (try to be consistent in format for entering name with/without punctuation)

Choose correct work schedule from the drop down (full-time, part-time, intermittent, etc.)

Default for pay plan is General Schedule only changed if wage grade employee

Default for Tour of duty is 80 hours - changed only for part-time or intermittent.

Special Type - not used by us

Day limitation should not be checked unless you have an employee with a limited day appointment.

Leave information for new employee would be 4 and 4 (the defaults)

Will only need to change for former ARS employee or transfer to your dept.

Contact point will be found on previous T&A.

Always exit via the door (4th icon at top) Should save first but will prompt for save if exit via door without first clicking on the save icon.

The program will then prompt for the new employee's 1st pay period. You would generally choose the current pay period that you are entering.

The next screen to come up is the Employee Leave Account screen. With a new employee there will generally be no changes or nothing to bring forward but if this is a transfer to your group there may be items brought forward.

Close Door

Back at Employee list

Choose BiWeekly Icon

" View Header Icon

Check box if new employee; Fill in necessary fields; AWS is always 8 for ARS;

Accounting Data for new employee will be 1 for the 1st week and you will change it to 2 for the 2nd week just like before. Choose ok

Back at BiWeekly T&A

Input hours

Verify

Print - choose text

Transmit - always uncheck JCL box

SPLIT T&A

To do a Split T&A, follow the instructions below

Go to FILE, then to Time & Attendance Maintenance

Perform the Rollover

Select Employee

Click on "T&A List" (the green icon)

Select the pay period requiring a split

Click on "Split Selected T&A"

Click on "Yes"

Enter the End Day for Week 1, and the Beginning Day for Week 2

Click on "Continue"

You now have two "In Progress" records

Select one at a time and enter in data for that week

After both have been completed, click on "Verify". They will both verify at the same time.

Proceed with Transmit as usual.

Completing T&A's For Employees With Number of Days Worked Limitations (NTE)

1. In the STAR Employee Detail screen, check the box in the lower left hand corner.
2. Prepare the T&A as normal except you will need to go into the T&A Header (second icon from left), also called update header. In the middle of the screen is a block named "Days of Work." Enter your two-digit number equal to the number of days the employee was in a pay status during the pay period. Possible entries are "01 " through "14."
3. Count as one day in pay status any day for which pay is received, regardless of the number of hours worked. Holidays also count as a day.
4. In the remarks sections of the T&A, show the total number of days the employee has worked under the current appointment. Extreme care must be exercised to assure employees do not exceed their appointment limitations.

Intermittent employee Skipping Pay Periods

1. Highlight name on employee list
2. Click on T&A list
3. Click on "add new"
4. Select pay period needed.
5. This will take you to the Biweekly screen where the new T&A can now be inputted.

Wage Grade Employees

Differential Payment (Transaction Suffix Code)

Code "1" Scheduled tour falls between
7:00am and 3:00pm

Code "2" Scheduled tour falls between
3:00pm and Midnight

Code "3" Scheduled tour falls between
11:00pm and 8:00am

FEGLI Coverage Amount (FS Field C)

Code "Blank" for 1st shift

Code "2" for 2nd shift

Code "3" for 3rd shift

Code "4" for varied shifts (employee
works 2 or more in a pay period)

STAR -CORRECTED T & A

Correct before doing rollover

T&A Maintenance

Click on employee (to highlight)

T&A List

PP to correct

Click on correct T&A

Make corrections

Verify

Print

Transmit

On disk write who the T&A is for and what PP

Send for transmission to NFC

RESTORE EMPLOYEE TO THE STAR SYSTEM

1. Go to the NFC/STAR banner
2. Click on System, then select Backup/Restore
3. Highlight Contact Point Number
4. Click on Proceed with Restore
5. Highlight Contact Point Number
6. Select Complete T&A Data
7. Click on Continue
8. In pop up window change the STAR drive to the A: drive. (3½ Floppy)
9. At the bottom of the pop up screen (Files of Type) arrow down to select all files
10. Double click on file of person you want to restore
11. Cancel out of STAR back to the NFC/STAR banner
12. Employee should now be back in the STAR system. You can check to see under the list of employees in Employee Maintenance

ARCHIVE AND DELETE EMPLOYEE IN STAR SYSTEM

1. From STAR/NFC banner click on System, then select Archive.
2. From new screen highlight the Contact Point Number box.
3. In area labeled employee, click on the small gray box containing 3 dots.
4. Highlight the employee's name.
5. Click on Select
6. Click on Continue
7. On this screen delete C:\ ...on Path and File Name and insert A:\(last name of employee) (Have a blank disc in drive A, which you can use for all archived employees until disc space runs out).
8. Click on Continue. (Box on screen will say Archive was Successful and will also show the number of T&As archived). Click on OK.
9. If you have more employees to archive click on grey employee box with the 3 dots and repeat the archiving process
10. When finished archiving, click on Cancel
11. From STAR/NFC banner, click on File, then select Employee Maintenance.
12. Highlight employee you wish to delete.
13. Click on 4th icon from the left (the delete employee icon with the red X)
14. Confirm the deletion of the employee
15. The employee is now deleted from the STAR system and archived on the disc in your A: drive.

October 18, 2002

SUBJECT: Procedures for Payment and Completion of SF-182, Request, Authorization, Agreement and Certification of Training Form.

TO: MWA LAO

FROM: Deb Agee, MWA Human Resources Assistant /s/

After reviewing P&P 440.1, Employee Training & Development and Bulletin 02-402, Payment Methods & Procedures for Processing Training Requests; following is a synopsis of procedures for completion of the SF-182 for employee training. Please bear with me, as I share my findings, in an attempt to help eliminate some of the confusion involving procedures for payment of training.

A. Using the Purchase Card or Convenience Check for Payment.

1. The SF-182 should be completed with "all" the information including estimated travel if applicable. Please review P&P 440.1 and Bulletin 02-402 and reference for block by block completion procedures specific to ARS. If using InForms, print appropriate copies on carbonless paper or insert carbon paper if using regular paper. The training form must include a training log number in Block B in upper right corner of SF-182. The LAO (or assigned support staff) will assign this number.
2. Route for approval signatures. Supervisors are authorized to approve or recommend short-term training for employees who report to them. If the supervisor is the fundholder, they will approve the training. If supervisor is not the fundholder, they will sign the SF-182 as Immediate Supervisor in Block 26a and recommend approval through the appropriate fundholder. The fundholder signs as approving Authorizing Official in Block 29a on the SF-182.
3. After approval signature, the purchase cardholder that pays for the training either by credit card or convenience check will remove the Finance copy to support the purchase. When using the credit card or convenience check for payment - DO NOT send the Finance copy to NFC. If the training amount exceeds the \$2,500 non-procurement cardholder limit, it must be purchased by a procurement cardholder.
4. Distribute a copy for budget tracking of expenses or abide by location procedures.
5. Distribute employees' and supervisor's copies for their records.
6. Although the evaluation copy no longer needs to be completed except when there are concerns about the training, please use your location procedures to affirm that employee has completed the training. When training is not completed or canceled, the LAO and/or Supervisor should be notified immediately.

7. The original and/or the 1st copy can be used for inputting into TRAI and for the files. All training must be entered into TRAI.
8. The Travel Charge Card is NOT to be used for payment of training.

B. Billing NFC.

1. If Purchase Card/Convenience Check will not be accepted by the training vendor, the Vendor Coordinator in the Area Budget & Fiscal Office must be notified and the FFIS VEND table will be searched to determine if the training vendor has been added. The Vendor Coordinator will give you the vendor code for annotating on the SF-182 and fax a print screen of the vendor code to be attached to the SF-182. The vendor code should be typed in Block 15a with the training vendor name on the SF-182. The Finance copy with a print screen of the vendor code attached can be sent to appropriate NFC address typed in Block 25 of the SF-182 for payment of the training. The NFC address to be used by ARS is found in Bulletin 02-402.
2. If the training vendor is not on the Vendor Code table, the LAO must work with the Area Vendor Coordinator to either pay the training by use of a Purchase Order or direct entry into FFIS. The LAO must get specific information from the vendor so that the Vendor Code can be added. The Area Vendor Coordinator will notify you when the vendor code is active and listed on the Vendor Code table. Annotate the vendor code on the SF-182 and follow same procedures as noted in #1 above

C. Payments to Federal Government Training Vendors (if not paid by Purchase Card/Convenience Check).

1. Federal Government vendors are paid via the OPAC system. Follow the same procedures as listed above for billing NFC but also insert the vendor billing information noted in the Bulletin 02-402 in Block 25 of the SF-182. The SF-182 Finance copy is sent to the same NFC address as used for the above vendor payment procedure but the address is not typed on the SF-182.

This memo is not conclusive of all procedures for payment of training. Please review the P&P 440.1, Employee Training & Development and Bulletin 02-402, Payment Methods & Procedures for Processing Training Requests. If you have questions or are unsure of procedures for a specific training situation, please feel free to call me.

cc:

D. Bitner
S. Buxton
L. Gettinger
M. Jenkins
W. Murphy
D. Strub

Training-SF-182

The SF-182, Training Form, must be prepared for ALL instances of training; e.g., workshops, correspondence courses, programmed instruction, individual college study, traditional classroom courses, etc. This includes short courses and videos of 1-4 hours (or less than a day). Remember, however, "abbreviated" SF-182s can be done in these instances where no funds are expended or groups of employees attend. If training is being paid via Purchase Order, Credit Card, or contract, an SF-182 still must be prepared.

INSTRUCTIONS FOR COMPLETING A SF-182

- A. AG-03-4860 code must be entered on all SF-182s.
- B. Obtain Document Control Number from the LAO or the HQS Training Designee.
- C. Check appropriate box.
 1. Enter trainee's full name; enter first five digits of last name in shaded area.
 2. Enter trainee's Social Security Number (nine digits).
 3. Complete ONLY for Graduate School, USDA (formerly OPM) courses. Enter trainee's year/month of birth, e.g., 43/01.
 4. Complete ONLY for Graduate School, USDA courses. Enter trainee's home address.
 5. Complete ONLY for Graduate School, USDA courses. Enter trainee's home telephone number, including area code.
 - 6-7. Self-explanatory.
 8. Enter commercial telephone number.
 - 9-10. Complete ONLY in case of long-term training (e.g., full-time training of 120 days or more).
 - 11a. Trainee's position title/function.
 - 11b. If the applicant is disabled or handicapped and in need of special arrangements (brailling, taping, interpreters, facility accessibility, etc.), mark block with an X and describe the special arrangements on a separate sheet and attach to the Vendor Copy. NOTE: The applicant is not required to furnish this information. Their signature on the description sheet indicates agreement to release it to the training vendors.
 12. Trainee's pay plan, job series and present grade, example GS-201-12/3.
 13. Complete ONLY for Graduate School, USDA courses. Use the following symbols to show type of appointment.

C = Career EP = Excepted permanent
T = Temporary
Term = Term
 14. Complete ONLY for long-term training programs (over 120 days). Enter the highest degree attained.
 - 15a. Training Vendor's name and mailing address.
 - b. Site of training, if same, place an X in the box.
 16. Self-explanatory.
 17. Enter catalog/course number, if provided by vendor.

18. Enter the year, month, and day the course begins and ends.
19. Self-explanatory. [If the training is over 80 hours for a single program (during duty or nonduty) and is conducted by a non-Federal Government vendor, and official funds will be expended, the employee must read and sign the reverse side of Copy 1 of the SF-182.]
20. Use training code definitions. (Attached)
21. Enter OCC 2523 directly across from and on the same line as "direct costs and appropriation/fund chargeable."

Enter the current fiscal year's 10- or 14-digit financial data code from which the training costs will be paid in the Appropriate/fund column.
- a,b,c Enter four-digit dollar amount as appropriate for each item and leave Cents column blank or enter "00."

If any costs will be paid for by credit card enter the words "Credit Card" directly across from the item under the appropriation/fund column.
- d. Enter four-digit total dollar amount and leave cents column blank or enter "00". Do not include in the total any items (a, b, or c) that will be paid from a credit card.
22. As appropriate, enter rounded-off dollar amounts for travel and per diem. Leave cents column blank or enter "00". Leave appropriation/fund column blank.
23. Enter dollar amount to be obligated by this training request in parenthesis on right side of this block, e.g., (\$0325). This amount should be the same as the amount shown in Block 21d.
24. For Government sponsored courses only, i.e., OP, USDA, GPO, Enter NFC's eight-digit station symbol 12-40-0001.
25. If vendor is to be paid by NFC place the following in Block 25:

USDA-OCFO, National Finance Center
Financial Services Division
FFIS Operations & Reporting Branch, Section 1
P.O. Box 53326
New Orleans, LA 70153
- 26-27. Type name, title, and commercial telephone number of appropriate officials.
- 28a. Type name, title, and commercial telephone number of LAO or HQS Training Designee.
29. Type name, title, and commercial telephone number of authorizing official*:for HQS-Division/Staff Director or Administrative Officer for Field-Research Leader
30. Type name, title, and commercial telephone number of LAO or HQS Training Designee.

*RLs can authorize:

Non-federal government training.

University training not to exceed 120 hours (8 credit hours) in a single program per person per semester/term.

All Federal Government training except Executive Development Programs.

Reference:

Policy and Procedure 440.1

Training Codes/Purpose -- Block 20a

- 1 As a result of mission or program changes
- 2 As a result of new technology
- 3 As a result of new work assignments
- 4 To improve present performance
- 5 To meet future staffing needs
- 6 To develop unavailable skills
- 7 Trade or craft apprenticeship
- 8 Orientation
- 9 Adult basic education

Training Codes/Type -- Block 20b

- 1 Executive and management
- 2 Supervisory
- 3 Legal, medical, scientific, or engineering
- 4 Administrative and analysis
- 5 Speciality and technical
- 6 Clerical
- 7 Trade and craft
- 8 Orientation
- 9 Adult basic education

Training Codes/Source -- Block 20c

- 1 Government--Agency
- 2 Government--Interagency
- 3 Non-government--designed for Agency
- 4 Non-government--off shelf
- 5 State or local government

Training Codes/--Block 20d

- 00 Not Applicable
- 01 USDA SES Candidate Development Program
- 02 Agency Supervisory Development Program
- 03 USDA Upward Mobility Program
- 04 Agency Upward Mobility
- 05 Agency Management Development Program
- 06 Senior Executive Service (SES) Candidate Development
- 07 Management Development (Department)
- 08 Management Development (Agency)
- 09 FSC Mid-level
- 10 FSC Senior Threshold
- 11 PMI
- 12 COOP
- 13 President's Executive Exchange
- 14 LEGIS
- 15 COM SCI
- 16 Woman's Career and Executive development
- 17 PTO Law Program
- 18 Long term full-time
- 19 Long term part-time
- 20 EEO Training
- 21 Computer Training
- 22 Self Development
- 23 Congressional Fellowship
- 24 Foreign Language Training
- 25 Total Quality Management (TQM)
- 26 Procurement Integrity Act (PIA) Ethics Training
- 27 INFO Share Training
- 28 HIV/AIDS Training
- 29 NASS Survey Training